



# REQUEST FOR PRIVACY CONFERENCE

ND DEPARTMENT OF HUMAN SERVICES

LEGAL SERVICES

SFN 934 (03-2003)

**REQUESTING A CONFERENCE.** The purpose of the conference is to give you the means of showing why you believe your privacy rights were violated.

Name:			
Address: (Street)	City:	State:	Zip Code:

**STEP 1.** Explain Your Complaint: (Attach additional sheets if needed.)

Signature:	
Date:	

**STEP 2.** Deliver this conference request, to the department division responsible for the alleged violation. Decision is sent to you and the Privacy Officer. If dissatisfied with the decision you may request a review by the Privacy Officer within thirty days.

Division Decision	
Signature:	
Date:	